

Health Education Curriculum Analysis Tool Course

Chapter 1: Introduction

Instructions

Video Summary

- You can access training materials in several ways.
- Select a specific chapter or chapter section by clicking on a title.
- Click the “play” button and then “next” or “back” to view the entire course.
- Access more information in the Go Further section.

Audio Script

Welcome to the Health Education Curriculum Analysis Tool course, part of the “Training Tools for Healthy Schools” e-Learning series.

In this self-paced course, there are several ways to access the training materials. You may select a specific chapter or chapter section by clicking on a title. You may view the course in its entirety by simply clicking on the “play” button in the video window and then clicking “next” to proceed to the next video. Click “back” to view the previous video.

An “Active Child” icon will appear on the screen periodically to alert you to a tip for more information. You may access more information by clicking on questions or resources in the Go Further section. A full-course download is also available.

At the end of the course, you will have the opportunity to download a Certificate of Completion.

We recommend downloading the HECAT and following along while taking this training. Let’s get started!

Go Further

Questions

Q: *How can I go further?*

A: As you view the videos, this “Active Child” icon will appear periodically in the lower left corner of the video to let you know that more information is available in this Go Further section. You can access the information by clicking on questions or resource titles.

Q: *How can I download all of the Go Further information provided in this course?*

A: All questions and links that appear in the Go Further section throughout this course can also be found in the “Download Course” document provided under Go Further. A complete set of Go Further questions and answers and a complete Resource List are located at the end of the document.

Resources

CDC Health Education Curriculum Analysis Tool (HECAT) Website
<https://www.cdc.gov/healthyyouth/hecat/>



Course Objectives

Video Summary

- After taking this course, you will be able to:
 - Identify the components of the HECAT.
 - Use the HECAT, in conjunction with a team, to conduct a review of health education curricula.

Audio Script

The Health Education Curriculum Analysis Tool, also known as the “HECAT,” is designed to be used by those who develop a health education scope and sequence, as well as those who develop or select health education curricula. It reflects current research in health education and uses science to improve health education practices.

The HECAT incorporates the characteristics of an effective health education curriculum and the *National Health Education Standards*. It addresses a wide range of health topics, including alcohol and other drugs, healthy eating, mental and emotional health, personal health and wellness, physical activity, safety, sexual health, tobacco, violence prevention, and comprehensive health education curricula.

It:

- Uses science to improve practice;
- Aligns with current *National Health Education Standards*;
- Shapes curriculum revisions based on consistent and objective analysis;
- Involves parents and community members in the curriculum review and recommendation process; and
- Respects the role of local school authorities in making curriculum decisions.

The HECAT is a set of tools that you can use to walk through a complete curriculum development or selection process. As a result, you can be more confident that your health education curriculum addresses the knowledge and skills students need to improve their health and provides teachers with the instructional tools necessary to help students succeed.

After taking this course, you should be able to:

- Identify the components of the HECAT; and
- Use the HECAT, in conjunction with a team, to conduct a review of a health education curriculum.

Go Further

Questions

Q: Why was the HECAT developed?

A: The HECAT was developed to assist educators in selecting or developing a health education curriculum to increase positive student behaviors. Improving the health and safety of students through health education yields benefits by increasing students’ readiness to learn and reducing absenteeism.



Q: For whom is the HECAT designed?

A: The HECAT is designed to be used by those responsible for selecting, supervising, developing or using health education curricula for schools. This includes school district administrators and school leadership who select curricula for school districts and supervise educators; curriculum review committees, school educators, or curriculum developers who review or develop curricula; and state or regional education agency staff and community-based organizations who work with schools.

Q: How can the intended audience use the HECAT?

A: State or regional education agency staff can use the HECAT to inform the development or review of:

- State health education standards or frameworks
- Recommendations for conducting state or local curriculum review
- State-recommended health education curricula

School district administrators, curriculum committees, educators, or staff at community-based organizations can use this tool to:

- Develop new or improve existing health education courses of study, scope and sequence, learning objectives, or curricula
- Guide the selection of curricula available for purchase
- Examine or evaluate curricula currently in use

Resources

CDC Health Education Curriculum Analysis Tool (HECAT) Website
<https://www.cdc.gov/healthyyouth/hecat/>

What is the HECAT?

Video Summary

- The HECAT is a set of guidance documents, appraisal tools, and resources to conduct a thorough and consistent analysis of health education curricula.
- It presents a systematic process to analyze priorities through the use of scoring tools.
- You can also use the HECAT to identify priorities, health outcomes, and course objectives needed for a K-12 health education scope and sequence.

Audio Script

The HECAT is a set of guidance documents, appraisal tools, and resources to conduct a thorough and consistent analysis of health education curricula. Your HECAT analysis results can help you to select, develop, or enhance new or existing packaged health education curricula.

You can also conduct a HECAT analysis to improve or revise your locally-developed health education curriculum.

The HECAT presents a systematic process to analyze these priorities through the use of scoring tools and includes:

- Essential background information and instructions;

- Templates for recording descriptive information for use in the curriculum review process;
- Tools for evaluating the accuracy, acceptability, feasibility, and affordability of curriculum materials;
- Guidance on assessing fundamentals of a learning curriculum, and
- Modules on specific health topics.

You can also use the HECAT to identify priorities, health outcomes, and course objectives needed for a k-12 health education scope and sequence.

The HECAT was developed by the Centers for Disease Control and Prevention, in partnership with an advisory panel of health education experts in the fields of:

- School health education;
- Public and school health education practice;
- Health education standards and assessment;
- Curriculum design and classroom instruction; and
- Health risk behavioral research and practice.

Let's get started by examining the characteristics of an effective health education curriculum and later, the *National Health Education Standards*.

Go Further



Questions

Q: How can my school, school district, or state benefit from using the HECAT?

A: Using the HECAT can help schools and school districts:

- Clarify what should be included in a health education curriculum
- Inform the selection of a high-quality curriculum that is affordable and feasible to implement
- Provide justification for curriculum decisions to parents, school board members, and others interested in health education in your community or state

The HECAT can help state educational agencies:

- Ensure the curriculum is aligned with research-based practices and the *National Health*
- Identify instructional strategies that improve teaching and student learning

Q: What is meant by the term "scope and sequence"?

A: Scope and sequence refers to the breadth and arrangement of key health topics and concepts across grade levels (scope) and the logical progression of essential health knowledge, skills, and behaviors to be addressed at each grade level (sequence) from pre-kindergarten through the 12th grade.

Q: Was the HECAT tested before being released?

A: Yes, the HECAT was pilot tested multiple times through internal reviews of curricula, numerous field tests, and reviews by institutions of higher education.

Q: Is the HECAT required as a condition to receive federal funding?

A: No, the HECAT is not required as a condition to receive funding from the CDC or any other federal agency. Its use is entirely voluntary.

Resources

CDC HECAT: A Guide for Health Education Teacher Preparation Programs in Institutions of Higher Education https://www.cdc.gov/healthyyouth/hecat/hecat_ihe.htm

CDC Developing a Scope and Sequence for Sexual Health Education https://www.cdc.gov/healthyyouth/hecat/pdf/scope_and_sequence.pdf

Chapter 2: Health Education Curriculum

Characteristics of an Effective Health Education Curriculum

Video Summary

- Health education provides young people with the knowledge and skills needed to become successful learners as well as healthy and productive adults.
- The health education curriculum clarifies what health content is important and what students should be able to do as a result of participating in learning experiences.
- There are 15 key characteristics of an effective health education curriculum.

Audio Script

Health education is a fundamental part of an overall school health program. Health education provides young people with the knowledge and skills needed to become successful learners as well as healthy and productive adults.

The health education curriculum is the primary means through which schools deliver health education. The curriculum clarifies what health content is important and what students should be able to do as a result of participating in health education learning experiences.

Reviews of effective programs and curricula have identified the following key characteristics of an effective health education curriculum.

An effective curriculum:

1. Focuses on clear health goals and related behavioral outcomes. Teachers should show how learning activities directly relate to health behaviors of interest to their students. Activities should not be selected merely because students find them fun or because an activity is a teacher's favorite.

An effective curriculum:

2. Is research-based and theory-driven. There is a purpose why learning is designed and delivered as described in effective curricula. It is because there is a justification for their design, often based on theory and credible research evidence.

An effective curriculum:

3. Addresses individual values, attitudes, and beliefs. Lessons expose students to positive prevention attitudes and beliefs of others and reinforces their own healthy beliefs with examples and other evidence.

An effective curriculum:

4. Addresses individual and group norms that support health-enhancing behaviors. Instruction provides opportunities to emphasize norms that promote the health of oneself and others. For example, sharing sexual risk data from the National Youth Risk Behavior Surveillance System can show 9th grade health education students that most of their peers are not sexually active. This counters the inaccurate belief by many youth that most students their age are sexually active.

An effective curriculum:

5. Focuses on reinforcing protective factors and increasing awareness of personal risk and the harmfulness of engaging in unhealthy practices and behaviors. Lessons in an effective curriculum allow students to see and experience the positive outcomes of healthy practices and the negative outcomes of unhealthy practices.

An effective curriculum:

6. Addresses social pressures and influences. Students are engaged in discussing and practicing strategies for dealing with the realities of pressures to participate in risky behaviors, such as drinking and driving, unprotected sex, or violence against others.

An effective curriculum:

7. Builds personal competence, social competence, and self-efficacy by teaching skills. Teachers create lessons where students can practice these skills, giving them confidence and options for avoiding real risk situations, talking through conflicts, using accurate information to inform decisions, and knowing how to get help when needed.

An effective curriculum:

8. Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors. The curriculum emphasizes information that students can use to assess risk, correct misperceptions, and make decisions relevant to their behaviors. For example, students do not need to know statistics on diseases, names of drugs, lists of nutrients, or ingredients of tobacco products in order to understand what to avoid. They need to know and practice the skills to avoid risky behaviors in their lives.

An effective curriculum:

9. Uses strategies designed to personalize information and engage students. Many ineffective curricula present learning examples to reach all students in a general and vague way. Effective lessons present health decisions and actions using situations that are directly relevant to a student's daily life, culture, and circumstances.

An effective curriculum:

10. Provides age-appropriate and developmentally appropriate information, learning strategies, teaching methods, and materials. A sign of an ineffective curriculum is when it relies on teachers lecturing outdated and often repeated information or using technical jargon. This rarely engages students and is not applicable or relevant to their daily lives.

An effective curriculum:

11. Incorporates learning strategies, teaching methods, and materials that are culturally inclusive. Teaching materials are free from culturally biased information and are inclusive of diverse

cultures and lifestyles such as gender, race, ethnicity, religion, age, physical or mental ability, appearance, and sexual orientation.

An effective curriculum:

12. Provides adequate time for instruction and learning. A high quality curriculum spends less time on teaching factual information and more time on practicing skills. Often, too much time is spent in health education providing “nice-to-know” information that has little influence on student health. The more practice students can get learning the skills they need to protect and improve their health and the health of others, the more effective is their health education.

An effective curriculum:

13. Provides opportunities to reinforce skills and positive health behaviors. Instruction builds on previously learned concepts. Teachers reinforce—but do not repeat—past information of importance and use higher order learning methods (such as inquiry) to build on that prior learning.

An effective curriculum:

14. Provides opportunities for students to make positive connections with influential others. Lessons require students to learn healthy habits from influential others (like their parents or other positive adult role models) who affirm and reinforce health-promoting norms, attitudes, values, beliefs, and behaviors.

An effective curriculum:

15. Includes teacher information and plans for professional development that enhances effectiveness of instruction and student learning. Effective curricula are taught by effective teachers. Skillful teaching is not easy and requires that teachers continue to receive training, coaching, and support from others, including school leaders.

Go Further

Questions



Q: What is a health education curriculum?

A: A health education curriculum is the primary organizing framework for the delivery of health education. An effective curriculum is comprised of teaching strategies and learning experiences that provide students with opportunities to acquire the knowledge, skills, and attitudes necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others.

Q: Are materials such as textbooks considered a health education curriculum?

A: Materials such as textbooks are most likely considered **resources** because they do not typically meet all the elements required of a complete health education curriculum.

Q: How can the HECAT assist me in selecting or developing a curriculum?

A: The HECAT can help ensure that your health education curriculum selection or development process is systematic, consistent, and thorough so that it meets what students need and community members expect. It can also help ensure that it reflects current research and practice.

Q: Can the HECAT be used to measure the effectiveness of my health education curriculum?

A: The HECAT measures the extent to which a curriculum incorporates effective practices; however, it does not assess research findings related to the effectiveness of a particular curriculum.

Q: Can the HECAT be used to analyze or select health education textbooks?

A: The HECAT is not recommended to analyze a single resource independent of the curriculum in which it will be used.

Resources

CDC Health and Academics https://www.cdc.gov/healthyschools/health_and_academics/index.htm

CDC Registries of Programs Effective in Reducing Youth Risk Behavior
<http://www.cdc.gov/healthyyouth/adolescenthealth/registries.htm>

CDC Youth Risk Behavior Surveillance System <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

National Adolescent and Young Adult Health Information Center <http://nahic.ucsf.edu/>

National Health Education Standards

Video Summary

- The *National Health Education Standards* reflect essential knowledge for students to have and essential skills for them to be able to perform.
- The HECAT integrates these standards into the process for analyzing a health education curriculum.
- There are eight *National Health Education Standards*.

Audio Script

The health content and health behavior skills embodied in the *National Health Education Standards* serve as the foundation for a quality health education curriculum. The HECAT integrates these standards into the process for analyzing a health education curriculum.

The *National Health Education Standards* reflect what students should know, or essential knowledge for them to have; and what students should be able to do, or essential skills for them to be able to perform, after completing a high quality instructional program in health education.

Performance indicators are linked to each standard. Indicators provide a foundation for curriculum development, instructional delivery, and assessment of student knowledge and skills to be addressed at each grade level. This is reflected in a “scope and sequence.”

The HECAT uses the *National Health Education Standards* as the framework for analysis. Standard 1 helps determine the extent to which the curriculum is likely to enable students’ mastery of the essential knowledge. Standards 2-8 help determine the extent to which the curriculum is likely to enable students’ mastery of the essential skills that promote healthy behaviors.

The eight *National Health Education Standards* are:

STANDARD #1: Students will understand concepts related to health promotion and disease prevention to enhance health. This standard includes essential concepts that are based on established health behavior theories and models.

STANDARD #2: Students will consider the influence of family, peers, culture, media, technology and other factors on health behaviors. This standard focuses on identifying diverse internal and external factors that influence health practices and behaviors.

STANDARD #3: Students will demonstrate the ability to access valid information and products and services to enhance health. This standard focuses on how to identify and access trustworthy health resources and to reject unproven sources.

STANDARD #4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks. This standard focuses on how to use verbal and non-verbal skills to develop and maintain healthy personal relationships.

STANDARD #5: Students will demonstrate the ability to use decision-making skills to enhance health. This standard includes the essential steps needed to make decisions to establish and maintain healthy lifestyles.

STANDARD #6: Students will demonstrate the ability to use goal-setting skills to enhance health. This standard includes the critical steps needed to achieve both short- and long-term health goals that make it possible for individuals to have plans for the future.

STANDARD #7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks. This standard promotes accepting personal responsibility for health and encourages healthy behaviors.

STANDARD #8: Students will demonstrate the ability to advocate for personal, family, and community health. This standard helps students focus on improving the health of others, including their family members, peers and members of their community.

The HECAT lists the Standard #1 essential knowledge and Standards #2-8 skill expectations for all health topics across all grade groups.

Go Further

Questions



Q: Can the HECAT be used to develop a health education scope and sequence?

A: The HECAT provides valuable information to assist in developing a scope and sequence or framework; however, a process should be developed that reflects the students' needs as well as the interests and priorities of the community. Read Appendix 4 of the HECAT for more information about using the HECAT to design a scope and sequence for health education.

Q: Can the HECAT be used to determine the most appropriate grade for addressing specific concepts or skill instruction?

A: No, the HECAT should not be used to determine the most appropriate grade to address specific concepts. The HECAT provides knowledge and skill expectations deemed appropriate for grade groups (i.e., prekindergarten through Grade 2; Grades 3–5; Grades 6–8; and Grades 9–12). It does not identify the individual grade at which these might be most appropriate. State boards of education, local school boards, school district administrators, or curriculum coordinators determine curriculum priorities and requirements for all relevant health education topics, including the grades at which specific concepts and skills should be addressed. The HECAT can inform priorities and decisions about grade-level requirements.

Q: What might we focus on at each grade group level and in each topic to achieve the general skill standards?

A: Standards 2-8 of the *National Health Education Standards* broadly articulate the skills students should have in order to adopt and maintain health-enhancing behaviors. More specific indicators are needed to determine the extent to which a curriculum could most appropriately address these skill standards in various topics and grades. CDC developed a list of priority skill expectations to further delineate the essential skill focus for each standard across topics and grade levels. These are listed in Appendix 3 of the HECAT.

Resources

CDC National Health Education Standards

<https://www.cdc.gov/healthyschools/sher/standards/index.htm>

CDC HECAT Appendix 3: HECAT Skill Expectations for Skill Standards 2-8

https://www.cdc.gov/healthyyouth/hecat/pdf/hecat_append_3.pdf

CDC HECAT Appendix 4: Using the HECAT to Develop a Scope and Sequence for Health Education

https://www.cdc.gov/healthyyouth/hecat/pdf/hecat_append_4.pdf

CDC Developing a Scope and Sequence for Sexual Health Education

https://www.cdc.gov/healthyyouth/hecat/pdf/scope_and_sequence.pdf

CDC Sexual Health Education Scope and Sequence

https://www.cdc.gov/healthyyouth/hecat/pdf/developing_scope_factsheet.pdf

SHAPE America <http://www.shapeamerica.org/explorehealth.cfm>

Community Review of Health Education Curricula

Video Summary

- Families, faith-based organizations, health care providers, community youth-serving agencies, employers, media providers, public health agencies, social service agencies, and other government agencies play critical roles in promoting the health of youth.
- School health goals should complement community health goals.
- Health education curricula should reflect local school and community health interests, priorities, and values.
- School districts can create a process for key stakeholders, including community members, to review curriculum materials by forming a health education curriculum review committee.

Audio Script

Schools have an important influence on the education, social development, and health of youth. However, schools are not the only community institutions responsible for achieving these outcomes. Families, faith-based organizations, health care providers, community youth-serving agencies, employers, media providers, public health agencies, social service agencies, and other government agencies also play critical roles in promoting the health of youth.

School health goals should complement community health goals. The review and selection of health education curricula should be based on clearly identified goals, health behavior expectations, and

outcomes for health education. To increase relevance and acceptability within a community, health education curricula should reflect local school and community health interests, priorities, and values.

Let's talk about using the HECAT in your school district. Your school district can create a process for key stakeholders, including community members, to review curriculum materials. You can do this by forming a health education curriculum review committee. The organization of such a committee differs among communities. In some locations, it may be a specific committee charged only with reviewing health education curricula, while in other locations, it may be a subcommittee of the district's school health council, school wellness council, school-based management council, or the district's broader curriculum selection committee.

Your health education curriculum review committee might include the following members:

- Key school policy makers and staff who are responsible for implementing health education curricula, such as school board members, principals, curriculum directors, administrators, and teachers;
- Representatives from different components of a "Whole School, Whole Community, Whole Child" health program, such as physical education and school health services;
- Representatives from relevant community agencies and organizations, such as your local health department, health care providers, and organizations that serve youth;
- Representatives from other groups within your community, such as faith-based organizations, that have an interest in the positive health and development of youth; and
- Parents, caregivers, and students.

Regardless of the composition of your health education curriculum review committee, all members of the team should have a basic understanding of how students are taught essential health knowledge and skills.

Now that we have reviewed the characteristics of an effective health education curriculum and the *National Health Education Standards*, let's check your knowledge by answering a few questions.

Go Further



Questions

Q: What role does the curriculum review committee play?

A: The curriculum review committee could be the entity that completes the HECAT analyses and appraisals of curricula. It may also be a decision-making body that reviews and acts on reports from other committees that have completed analyses using the HECAT appraisal instruments.

Q: Should all curriculum review committee members complete every section of the HECAT for each curriculum being considered?

A: No, the most knowledgeable person(s) in the specific topic area should complete that section of the HECAT. The committee should consist of members with a broad range of expertise, and members should review only the HECAT components for which they are most qualified. For example, parents are invaluable in completing the Acceptability Analysis but may be less able to review the Skill Application. All members of the curriculum review committee should, however, receive and review the results of the entire HECAT analysis prior to making curriculum recommendations.

Q: What if a committee member does not feel qualified to complete an analysis?

A: It is important to select committee members who have the necessary expertise to complete the HECAT analysis. For example, someone with research expertise should complete the Accuracy Analysis

(e.g., a university researcher). Or someone with scientific expertise could complete the content review of a specific area (e.g., a registered dietitian nutritionist (RDN) for the topic “healthy eating”). Identify these experts prior to beginning the curriculum review, and limit their assignments, if desired, to areas of the HECAT for which they have expertise.

Q: How can strengths and weaknesses of health and safety policies be identified?

A: Since the HECAT addresses only health education, the CDC’s School Health Index (SHI) can be used to identify the strengths and weaknesses of a school’s policies and programs related to health and safety.

Resources

CDC School Health Index <http://www.cdc.gov/HealthyYouth/SHI>

CDC Training Tools for Healthy Schools E-Learning Series: School Health Index Course
https://www.cdc.gov/healthyschools/professional_development/e-learning/shi.html

Whole School, Whole Community, Whole Child (WSCC)
https://www.cdc.gov/healthyschools/wsc/wscmodel_update_508tagged.pdf

Positive Youth Development <http://youth.gov/youth-topics/positive-youth-development>

Knowledge Check 1

Quiz

THE SCENARIO

You are a member of your school district’s newly formed health education curriculum review committee. The committee is discussing how to approach its task. You suggest using the Health Education Curriculum Analysis Tool (HECAT). The committee has a lot of questions about the HECAT. See if you can answer their questions correctly.

Read the following statements to select the most appropriate response.

1. Which topic is **not** addressed in the HECAT?
 - A. Mental and Emotional Health
 - B. Safety
 - C. Consumer Awareness
 - D. Sexual Health Answer Key
2. Select which of the following statements does **not** accurately describe the HECAT. The HECAT:
 - A. Makes federal recommendations and endorsement of curriculum for local districts
 - B. Encourages involvement of parents and community members in the curriculum review and recommendation process
 - C. Uses science to improve practice
 - D. Aligns curriculum content with current *National Health Education Standards*
3. The HECAT should only be used when a school or district is interested in selecting a new health education curriculum.
 - A. True

- B. False
- 4. The *National Health Education Standards*, which the HECAT uses as the framework for analysis, helps determine the extent to which a curriculum is likely to enable students in mastery of essential knowledge and attitudes.
 - A. True
 - B. False
- 5. Your health education curriculum review committee, who will review and score possible curricula, might include the following members, except:
 - A. School board members, principals, curriculum directors, and teachers
 - B. Local health department representatives
 - C. Physical education and school health services representatives
 - D. Curriculum developers or curriculum sales representatives.

Answer Key

- 1. Which topic is **not** addressed in the HECAT?
 - A. Try again! The HECAT does address this topic.
 - B. Try again! The HECAT does address this topic.
 - C. Correct! The HECAT does not address the topic of consumer awareness.**
 - D. Try again! The HECAT does address this topic.
- 2. Select which of the following statements does **not** accurately describe the HECAT. The HECAT:
 - A. Correct! The HECAT does not recommend or endorse a specific curriculum.**
 - B. Try again! This statement does describe the HECAT.
 - C. Try again! This statement does describe the HECAT.
 - D. Try again! This statement does describe the HECAT.
- 3. The HECAT should only be used when a school or district is interested in selecting a new health education curriculum.
 - A. Try again! The HECAT can be used for more than just selecting a new health education curriculum.
 - B. Correct! HECAT analysis results can help in the selection, development, or enhancement of new or existing packaged health education curricula.**
- 4. The *National Health Education Standards*, which the HECAT uses as the framework for analysis, helps determine the extent to which a curriculum is likely to enable students in mastery of essential knowledge and attitudes.
 - A. Try again! This statement does not describe the *National Health Education Standards* accurately. The *National Health Education Standards* help determine the extent to which a curriculum is likely to enable students' mastery of essential **knowledge** and **skills, not attitudes**.

- B. Correct! The *National Health Education Standards* help determine the extent to which a curriculum is likely to enable students' mastery of essential knowledge and skills.**
5. Your health education curriculum review committee, who will review and score possible curricula, might include the following members, except:
- A. Try again! These individuals would be appropriate committee members.
 - B. Try again! These individuals would be appropriate committee members.
 - C. Try again! These individuals would be appropriate committee members.
 - D. Correct! Curriculum developers or curriculum company representatives should not be included in the analysis or scoring process, nor should they be allowed to unduly influence review committee members' analyses. Most developers of commercially packaged curricula have a primary interest in selling their product. They might be invited to showcase their curricular materials (e.g., scope and sequence, charts showing alignment with the *National Health Education Standards*) before you begin your review.**

Chapter 3: Using the HECAT

Before Starting the HECAT

Video Summary

- There are several initial steps that will help the review team get on the same page before conducting a curriculum review. Steps include:
 - Identifying a HECAT coordinator
 - Assigning roles and responsibilities for team members
 - Determining what HECAT content will be used in the curriculum analysis.

Audio Script

Before using the HECAT, it is important to talk about how it can be used in the curriculum review process. There are several initial steps that will help you and your team get on the same page before conducting a curriculum review using the HECAT.

- 1. Identify a HECAT coordinator.** The coordinator will lead the review team through the curriculum evaluation process using the HECAT. The coordinator should understand the health education needs of the students as well as the school health interests and concerns held by school leadership, parents or guardians, and the community.
- 2. Form a HECAT committee and identify the roles and responsibilities of each member.** A team of people will be responsible for analyzing curricula and making recommendations based on the HECAT scores.
- 3. Obtain one or more copies of the curriculum for review and assessment.** Distribute an adequate number of copies of the complete curriculum for team members to review. If each team member cannot access a complete curriculum to review separately, members can share materials and complete the review on a predetermined schedule.
- 4. Determine HECAT content for analyzing the curriculum.** The curriculum review team should look carefully through the HECAT and identify any questions or analyses they don't want or need to do.

5. **Finalize the curriculum analysis tool for reviewers to use.** Prepare the final version of the HECAT for the committee by consolidating essential chapters, pages, and items and by providing an adequate number of the final HECAT tool for each member of the review team.
6. **Provide orientation and direction for team members.** Provide an overview of the HECAT review process, schedule, and expected results. Also, review a description of the curriculum. It's important that all reviewers become familiar with the curriculum before they start reviewing it.
7. **Determine curriculum review assignments for team members.** The curriculum review team can complete an entire HECAT chapter or module together at one time or do sections separately over an extended period of time. More than one person from the curriculum review team should review and complete each HECAT chapter or module for each curriculum.
8. **Develop a timeline for the review process.** The time required for a curriculum review will depend on several factors, such as each reviewer's understanding of health education and relevant health topics as well as familiarity with the HECAT and the curriculum being reviewed.

Once your team has completed these steps, you are ready to dive in to your health education curriculum review using the HECAT. Let's briefly look at the sections of the HECAT you would use for your curriculum review. We will then explore most of these sections in more detail.

Go Further

Questions



Q: What knowledge, skills, or level of authority should members of the health education curriculum review committee possess?

A: Committee members should:

- Understand schools, the educational and health needs of students, and the norms and values of their community.
- Have expertise in health education curriculum and instruction.
- Are knowledgeable about relevant health education content.
- Supervise curriculum and instruction for the school district or school.
- Can make final decisions about the curriculum for the school district or school.

Q: What should be included in the orientation session for all reviewers?

A: The orientation should provide an overview that includes:

- A timeline for completing reviews.
- A description of how the HECAT instruments and scoring process work.
- An explanation of how reviewers can get assistance.
- Instructions for what reviewers should do with the results and materials after completing their reviews.

Q: Should the HECAT assessment be completed by an individual?

A: No, it should not be completed by one individual. The review of curricula should be conducted by a team, working together. The advantage of working as a team is the benefit of multiple perspectives and varying degrees of expertise.

Q: Can a single person complete specific parts of the HECAT?

A: Yes. Some chapters and sections of the HECAT can be completed by one person, who then provides the information to other review committee members. For example, general descriptive information can

be completed by one person who is very familiar with the curriculum, usually the curriculum coordinator. This information can then be provided to other review committee members.

Q: What factors can impact the timeline for the review process?

A: Factors that can impact the review timeline include:

- The amount of learning materials in a curriculum to be reviewed.
- The orderliness of the curriculum.
- The extent to which a curriculum's materials are easily available for all reviewers.
- The breadth and scope of the curriculum under review. For example, a multi-grade versus a single-grade curriculum, or a comprehensive health education curriculum versus one with a single health topic all have different breadth and scope.

Resources

American School Health Association <http://www.ashaweb.org/>

CDC Division of Adolescent and School Health <http://www.cdc.gov/healthyyouth/>

Society for Public Health Education <http://www.sophe.org/>

Organization of the HECAT

Video Summary

- The HECAT is organized into an overview and six chapters.
- Appendices include additional in-depth information and guidance.
- The glossary defines common terms used throughout the HECAT.

Audio Script

The HECAT is organized to optimize its use for reviewing and selecting curricula.

The **HECAT Overview** introduces the tool and describes its intended users and why it was developed. It includes information about characteristics of an effective health education curriculum, standards and performance indicators, and community health promotion approaches.

Chapter 1, Instructions, provides step-by-step guidance for starting a review process, as you just heard in the previous video. It also describes reviewing and analyzing curricula, and using analysis results to inform decisions.

Chapter 2, General Curriculum Information, allows you to capture general information about the curriculum including the focus, general target range, and what is included. This informs which curricula should or shouldn't be considered. Share the General Curriculum Information with the curriculum review committee during orientation so that they can be introduced to the curriculum before they begin their review.

Chapter 3, Overall Summary Forms, provides three comprehensive forms to summarize ratings. These are:

1. The Individual Curriculum Summary Scores form, which consolidates scores for a single curriculum;
2. The Multiple Curriculum Comparison Scores form, which compares scores across multiple curricula and grade groups, and

3. The Notes form, which is used to capture critical comments.

Chapter 4, Preliminary Curriculum Considerations, provides tools to analyze and score important characteristics of a health education curriculum, including accuracy, acceptability, feasibility, and affordability.

Chapter 5, Curriculum Fundamentals, contains tools to analyze and score curriculum fundamentals, including learning objectives, teacher materials, curriculum design, instructional strategies and materials, and promotion of norms that value positive health behaviors skills.

Chapter 6, Health Topic Modules, addresses specific health topics. The modules incorporate the characteristics of effective health education curricula and are aligned with the *National Health Education Standards*. Module topics include:

- Alcohol and Other Drugs (AOD)
- Healthy Eating (HE)
- Mental and Emotional Health (MEH)
- Physical Activity (PA)
- Personal Health and Wellness (PHW)
- Safety (S)
- Sexual Health (SH)
- Tobacco (T)
- Violence Prevention (V), and
- Comprehensive Health Education (CHE)

Finally, there are two more reference sections in the HECAT:

- The **appendices** include in-depth information and guidance. For example, Appendix 2 tells you more about how to use the HECAT for the review of health education resource materials such as textbooks, and Appendix 6 provides more information about health education assessment.
- Another reference is the **glossary**. The glossary defines common terms used throughout the HECAT.

If you are not able to carry out a complete curriculum content review, you should complete, at a minimum, a curriculum review using Chapters 2, 4, and 5. But, if you want to be thorough in your curriculum selection process, include the relevant topic modules from Chapter 6.

Remember, if you value the impact health education has on improving your students' health, then you have to critically analyze a curriculum's quality, accuracy, appropriateness, and relevance of content. Investing time in the review, development, or selection of curriculum improves the chance students will improve their health and the health of others.

Go Further

Questions

Q: *Can the HECAT be shortened?*

A: Yes, the HECAT can be shortened. Its length and content should reflect only what needs to be analyzed.



Q: What if topics in my curriculum, such as consumer health, don't match those of the HECAT?

A: The topics used in the HECAT reflect the health issues that the CDC considers to be important for children and adolescents. These topics may not match those used by some organizations or curriculum developers or the terminology used in your state, school district, or school. Review the HECAT to find health topic modules that most complement your curriculum requirements and terminology. You can change the terminology and content of the modules to best meet your needs. If you do not find a match within a single module, select items from multiple modules and design a new HECAT topic module.

Q: How long does a typical curriculum review take?

A: A curriculum review usually takes several hours to complete. During the pilot-testing phase, curriculum reviews conducted using the HECAT took four to 16 hours, per curriculum to complete.

Typically, a curriculum review will not be completed in one session. Separate sessions might be necessary to:

- Prepare the review committee to use the HECAT.
- Determine local performance benchmarks and a list of curricula to be reviewed.
- Shorten the curricula list that might be acceptable for complete analysis.
- Conduct the complete analysis on the final curricula list.

Allow time for the curriculum review committee to review curriculum analysis scores and reach a consensus on recommendations.

Q: Can the HECAT be revised by the curriculum review committee to meet local needs once the analysis process begins?

A: The HECAT may be revised as needed when reviewing a single curriculum; however, it may be more burdensome to revise once the review process begins if analyzing multiple curricula. It is important to analyze all curricula consistently to ensure fair comparisons. This requires using the same scoring and comparison criteria for all curricula. Therefore, you should determine the items to be included in your analysis before you start the review process. If changes to the HECAT are made during the curriculum review process, you should review any curricula once again that were analyzed and scored prior to these changes.

Q: Is it necessary to complete the entire HECAT for each curriculum that is reviewed?

A: It is not necessary to complete the entire HECAT for each curriculum that is reviewed. However, all categories and items can be useful for selecting or developing a curriculum. You can determine which items are important to include in your analysis and selection or development process.

Resources

CDC Health Education Curriculum Analysis Tool (HECAT) Website

<https://www.cdc.gov/healthyyouth/hecat/>

Preliminary Curriculum Considerations

Video Summary

- Before investing extensive time in reviewing the suitability of curriculum content, first consider some important general characteristics. This may eliminate many curricula early in the review process and save time.
 - The **Accuracy Analysis** helps rate the accuracy of the health, medical, and scientific information in the curriculum.
 - The **Acceptability Analysis** helps rate the appropriateness of the curriculum as it relates to the norms of the community, state and local policies, avoidance of bias and stereotypes, and the health education needs of the students.
 - The **Feasibility Analysis** helps determine if the curriculum is feasible to implement in the classroom.
 - The **Affordability Analysis** helps determine whether a school district can afford the curriculum.

Audio Script

Let's look at some of these chapters and modules a bit closer, starting with Chapter 4, Preliminary Considerations.

Before investing extensive time in reviewing the suitability of curriculum content, first consider some important general characteristics of the curriculum, such as its accuracy, acceptability, feasibility, and affordability. You might eliminate many curricula early in the review process if they don't meet one or more of these considerations, saving time that is often wasted reviewing materials that don't meet your needs.

This chapter contains the tools needed to help you analyze and score these preliminary considerations.

To assess each category, guiding questions are provided in the HECAT. There is also a chart for organizing comments and a score sheet for rating the curriculum content. You can use these forms to record results of your curriculum analysis. The forms also serve as a quick reference of your curriculum's strengths and weaknesses.

The **Accuracy Analysis** helps you rate the accuracy of the health, medical, and scientific information in the curriculum.

Example questions to consider when analyzing accuracy include:

- Does the curriculum use accurate and appropriate terminology?
- Are data, information, and sources of information current?
- Are statements of fact based on data and sound science rather than anecdotal information or subjective opinion?
- Are sources of data clear and credible? Are they from a reputable public health or professional source?

If information is medically inaccurate, subjective, outdated, or not sound, use the Accuracy Analysis Chart to describe the errors, what needs to be done to correct the errors, and the degree of difficulty and cost to do so.

For example, our review team found an outdated statistic on page 13 of the curriculum that was more than 15 years old. It should be easy to find a more current statistic. It may take time to research, but this should be a relatively low-cost fix.

After the accuracy review is complete, score the curriculum based on its accuracy and the degree to which the correction of any errors can be reasonably completed. In our example, the curriculum scores a “3” because of some minor problems that should be easy to correct.

A review of a different curriculum might find that many statistics or statements of fact could not be verified. Therefore, the curriculum would score lower and be eliminated because of its high probability for being biased or inaccurate. The accuracy analysis score will be transferred to the Overall Summary Forms, which will be explained later in this training.

Next, the **Acceptability Analysis** helps you rate the appropriateness of the curriculum as it relates to the norms of the community, state and local policies, avoidance of bias and stereotypes, and the health education needs of the students.

Some example questions to consider when analyzing acceptability include:

- Do pictures and graphics avoid promoting biased or stereotypical perceptions of individuals or groups on the basis of personal characteristics such as race, ethnicity, gender, religion, culture, age, or sexual orientation?
- Does the curriculum address the health problems that affect youth, families, and the community?
- Does the curriculum reflect cultural perspectives and beliefs found in families, the school, or the community?

The Acceptability Analysis Chart is completed in a similar way as the Accuracy Analysis Chart. If text, pictures, graphics, or other materials are unacceptable, describe them and what needs to be done to correct the problems. Determine the Acceptability Analysis Score based on the overall acceptability of the curriculum. This score is also transferred to the Overall Summary Forms.

The **Feasibility Analysis** helps you determine if the curriculum is feasible to implement in the classroom. It is based on the amount of instructional time available in the school day and throughout the year, and also the ease of implementation by most health education teachers.

Unlike the previous categories, only two questions need to be considered during the Feasibility Analysis.

- Can the curriculum be reasonably implemented by most health education teachers and others who might use this curriculum?
- Can the curriculum be implemented within the available classroom or instructional time?

Once these questions are addressed, along with any notes to justify the responses, determine the Feasibility Analysis Score and transfer the score to the Overall Summary Forms.

Last is the **Affordability Analysis**. This assessment allows you to determine if your school district can afford the curriculum in terms of:

- Initial materials costs,
- Implementation costs, and
- Sustainability costs.

Questions to be answered during the Affordability Analysis include:

- What are the additional financial costs related to implementing the curriculum?

- What funds are available for purchasing and implementing the curriculum?
- What changes are needed in staffing, facilities, or schedules to ensure lessons can be implemented as written?

Based on these factors, determine an Affordability Analysis Score. As with the previous analyses, this score is then transferred to the Overall Summary Forms that will be discussed later in this training. However, common sense dictates that if a curriculum is costly, it might not be considered or scored further.

This important review of preliminary curriculum considerations is encouraged to make sure the curricula meet local community needs and requirements of your state or school district.

Remember, completing these preliminary analyses help eliminate incomplete, inappropriate, and inadequate curricula from your list. Completing this review will speed up the overall curriculum selection process by focusing initial analysis on issues that typically get mixed in with a content review. Looking at these issues separately and using them to narrow curriculum choices will save everyone time in the end.

Go Further



Questions

Q: Who should complete the Accuracy Analysis?

A: The Accuracy Analysis should be completed by those who can assess the accuracy of the health, medical, and scientific information in the curriculum. For example, the analysis team might include health experts, health curriculum specialists, or university researchers who can review the curriculum to ensure the information is scientifically sound, medically accurate, and current.

Q: What questions should be considered when analyzing accuracy?

A: Questions to consider include:

- Does the curriculum use accurate and appropriate terminology?
- Are data, information, and sources of information current?
- Are data medically accurate?
- Are data represented accurately in charts, graphs, and written text?
- Are statements of fact based on data and sound science rather than anecdotal information or subjective opinion?
- Is information about data sources provided so that the accuracy of data can be verified and facts can be substantiated?
- Are facts and information based on appropriate data? For example, are national trends supported with national data rather than state or local data? Are youth trends supported with youth data rather than adult data?
- Are sources of data clear and credible? Are they from a reputable public health or professional source?

Q: Who should complete the Acceptability Analysis?

A: The Acceptability Analysis should be completed by those who know the expectations of the school and community for health education materials; state and local policies, frameworks, and standards that

guide health education; and the health education needs of students. The analysis team may include parents or caregivers, students, school board members, school principals, district health education coordinators, physical education and health education teachers, school counselors, and other persons who work with young people.

Q: What questions should be considered when analyzing acceptability?

A: Questions to consider include:

- Do pictures and graphics avoid promoting biased or stereotypical perceptions of individuals or groups on the basis of personal characteristics such as race, ethnicity, gender, religion, culture, age, or sexual orientation?
- Does the curriculum address the health problems that affect youth, families, and the community?
- Does the curriculum address issues and experiences that are important for improving the health-promoting decisions and practices of the students?
- Does the curriculum make accurate assumptions about students and address their experiences, learning, and developmental needs?
- Does the curriculum recognize important subpopulations of students, make realistic assumptions about them, and address their unique experiences and learning needs?
- Is the language used in the curriculum relevant and appropriate for the students and the community?
- Does the curriculum reflect cultural perspectives and beliefs found in families, the school, and the community?
- Do the curriculum information and learning experiences, such as student-family activities, reflect the diversity of cultures among students and families?
- Does the curriculum acknowledge and support the roles of parents/caregivers, family, and community members in promoting healthy behaviors among youth?

Q: Who should complete the Feasibility Analysis?

A: The Feasibility Analysis should be completed by those who know if the curriculum can be successfully implemented in the classroom. An analysis team might include teachers, school administrators, a curriculum coordinator, and the health education coordinator of the school district.

Q: Who should complete the Affordability Analysis?

A: The Affordability Analysis should be completed by those who:

- Know how to purchase, implement, and revise a curriculum;
- Can estimate how much it will cost to change the operating procedures of the school; and
- Can identify available resources to cover the costs of the new curriculum.

The analysis team could include the curriculum coordinator, district business officer, or school administrator.

Resources

Health Education Curriculum Analysis Tool (HECAT) Website <https://www.cdc.gov/healthyouth/hecat/>

Curriculum Fundamentals

Video Summary

- Chapter 5 is used to score curricula based on seven fundamentals: curriculum design, learning objectives, teacher guidance and preparation, instructional strategies and materials, teaching health skills, student assessment, and promoting healthy norms.
- When reviewing a comprehensive health education (CHE) curriculum, reviewers also score its continuity and uniformity.

Audio Script

This chapter will help you analyze and score characteristics that are fundamental to the review of any curriculum, including:

- Curriculum design,
- Learning objectives,
- Teacher guidance and preparation,
- Instructional strategies and materials,
- Teaching health skills,
- Student assessment, and
- Promoting healthy norms.

For each fundamental area, reviewers check each criterion that applies to the curriculum under review. Adding the total number of checks makes up the summary score for each fundamental area. Recorded notes and comments are used to justify scores and inform group discussions and decisions.

Let's do an example. Our review team has determined that our health education curriculum meets three of the four items under Curriculum Design, so the Curriculum Design Score is "3." This score is then transferred to the Overall Summary Forms, along with all other scores in this section.

This chapter can also help analyze the fundamentals of a comprehensive health education curriculum, abbreviated CHE. A comprehensive health education curriculum:

- Is broad in scope and content;
- Addresses numerous health problems, issues, or topics;
- Focuses on more than one grade level; and
- Includes a wide range of learning activities to address multiple health outcomes.

When reviewing a comprehensive health education curriculum, assess the criteria in the first seven fundamental areas to determine if each is met for most or all of the topics and grade groups. Then, complete the additional fundamental analysis, Continuity and Uniformity of the CHE Curriculum.

Remember, a curriculum has to meet expectations for understanding, usefulness, completeness, relevance, and sound educational practice. Completing the curriculum fundamentals analysis will make sure any curriculum meets these expectations.

Now, let's take a moment to check your knowledge on getting started using the HECAT, preliminary curriculum considerations and fundamentals by answering a few questions.

Go Further

Q: Who should complete the Curriculum Fundamentals section of the HECAT?

A: The curriculum fundamentals analysis should be completed by those who understand curriculum design, instruction, assessment, and health education content. Such persons might include health education coordinators, teachers, curriculum specialists, school principals, assessment specialists, and others who work with young people.

Q: What is considered a comprehensive health education curriculum?

A: A curriculum should be considered a comprehensive health education curriculum if it:

- Focuses on numerous and diverse health topics and issues.
- Assimilates a wide range of knowledge and skill expectations across multiple topics and grades.
- Incorporates uniform instructional methodology and assessment strategies across topics and grades.
- Intentionally designs lessons to build on previously learned concepts and skills.
- Builds a foundation for learning new concepts and skills within and across grade groups.

Resources

Health Education Curriculum Analysis Tool (HECAT) Website <https://www.cdc.gov/healthyyouth/hecat/>

Knowledge Check 2

Quiz

THE SCENARIO

You are a member of your school district's newly formed health education curriculum review committee. The committee has decided to use the HECAT in its review of health education curricula, and the committee is holding a meeting to discuss exactly how the HECAT will be incorporated into the review process. See if you can answer how the HECAT can be used.

Read the following statements to select the most appropriate response.

1. The HECAT content must be used in its entirety to provide value to a health education curriculum review committee.
 - A. True
 - B. False
2. The HECAT identifies preliminary considerations that can be used to eliminate some unsuitable curriculum options before investing time in an extensive content review. Which of the following is **not** a preliminary consideration recommended by the HECAT?
 - A. Curriculum Popularity
 - B. Curriculum Acceptability
 - C. Curriculum Affordability
 - D. Curriculum Accuracy

3. If you are not able to carry out a curriculum content review using the complete HECAT (Chapters 1-6), which of the following sections should you be sure to use in an abbreviated review?
 - A. Chapter 3: Overall Summary Forms
 - B. Chapter 2: General Curriculum Information
 - C. The Sexual Health Education Module
 - D. Appendices
4. Which of the following is an example of a question to ask in an **accuracy** analysis?
 - A. Does the curriculum address the health problems that affect youth, families, and the community?
 - B. Are data, information, and sources of information current?
 - C. Can the curriculum be reasonably implemented by most health education teachers and others who might use this curriculum?
 - D. What are additional financial costs related to implementing the curriculum?
5. Which of the following is an example of a question to ask in an **acceptability** analysis?
 - A. What changes are needed in staffing, facilities, or schedules to ensure lessons can be implemented as written?
 - B. Can the curriculum be implemented within the available classroom or instructional time?
 - C. Are sources of data clear and credible? Are they from a reputable public health or professional source?
 - D. Does the curriculum reflect cultural perspectives and beliefs found in families, the school, or the community?

Answer Key

1. The HECAT content must be used in its entirety to provide value to a health education curriculum review committee.
 - A. Try again! The HECAT can be adapted and streamlined as appropriate for your curriculum analysis.
 - B. Correct! The HECAT can be adapted and streamlined as appropriate for your curriculum analysis.**
2. The HECAT identifies preliminary considerations that can be used to eliminate some unsuitable curriculum options before investing time in an extensive content review. Which of the following is **not** a preliminary consideration recommended by the HECAT?
 - A. Correct! This is not a specific consideration the HECAT recommends using as a preliminary elimination criterion.**
 - B. Try again! This is a HECAT recommended preliminary consideration in curriculum review and analysis.
 - C. Try again! This is a HECAT recommended preliminary consideration in curriculum review and analysis.

- D. Try again! This is a HECAT recommended preliminary consideration in curriculum review and analysis.
3. If you are not able to carry out a curriculum content review using the complete HECAT (Chapters 1-6), which of the following sections should you be sure to use in an abbreviated review?
- A. Try again! This is NOT one of the three chapters recommended when conducting an abbreviated content review. The recommended chapters are Chapter 2: General Curriculum Information, Chapter 4: Preliminary Curriculum Considerations, and Chapter 5: Curriculum Fundamentals.
- B. Correct! This is one of the three chapters recommended if you are conducting an abbreviated content review. The other recommended chapters are Chapter 4: Preliminary Curriculum Considerations, and Chapter 5: Curriculum Fundamentals.**
- C. Try again! This is NOT one of the three chapters recommended when conducting an abbreviated content review. The recommended chapters are Chapter 2: General Curriculum Information, Chapter 4: Preliminary Curriculum Considerations, and Chapter 5: Curriculum Fundamentals.
- D. Try again! This is NOT one of the three chapters recommended when conducting an abbreviated content review. The recommended chapters are Chapter 2: General Curriculum Information, Chapter 4: Preliminary Curriculum Considerations, and Chapter 5: Curriculum Fundamentals.
4. Which of the following is an example of a question to ask in an **accuracy** analysis?
- A. Try again! This is an example of an **acceptability** analysis question.
- B. Correct! This is an example of an ACCURACY analysis question.**
- C. Try again! This is an example of a **feasibility** analysis question.
- D. Try again! This is an example of an **affordability** analysis question.
5. Which of the following is an example of a question to ask in an **acceptability** analysis?
- A. Try again! This is an example of an **affordability** analysis question.
- B. Try again! This is an example of a **feasibility** analysis question.
- C. Try again! This is an example of an **accuracy** analysis question.
- D. Correct! This is an example of an ACCEPTABILITY analysis question.**

Overview of the Modules

Video Summary

- Chapter 6 contains modules for analyzing curricula focused on specific health topics as well as comprehensive health education curriculum.
- There are ten health topic modules: Alcohol and Other Drugs, Healthy Eating, Mental and Emotional Health, Personal Health and Wellness, Physical Activity, Safety, Sexual Health, Tobacco, Violence Prevention, and Comprehensive Health Education.
- The health topic modules analyze the core of the curriculum (i.e., knowledge and skills) that contribute to health-promoting behavior.

Audio Script

Chapter 6 of the HECAT contains modules for addressing curricula that focus on specific health topics or that comprise a comprehensive health education curriculum. Each module is intended to be completed by a curriculum review team. Each module contains a description of the health topic to be addressed, including the healthy behavior outcomes (or HBOs) relevant for a curriculum in that topic area.

As described earlier in this training, these are the health topic modules found in the HECAT:

- Alcohol and Other Drugs (AOD)
- Healthy Eating (HE)
- Mental and Emotional Health (MEH)
- Personal Health and Wellness (PHW)
- Physical Activity (PA)
- Safety (S)
- Sexual Health (SH)
- Tobacco (T)
- Violence Prevention (V), and
- Comprehensive Health Education (CHE)

It's important to review the healthy behavior outcomes, knowledge expectations, and the skill expectations needed to meet these outcomes because they must reflect your local community needs and conform to the curriculum requirements of your state or school district. Add, delete, or revise items to meet your community needs and curriculum requirements. After that is done, then your team is ready to analyze a curriculum.

To select the appropriate topic module, determine if the curriculum clearly focuses on a single topic, such as tobacco; only on two or three topics, such as nutrition and physical activity; or if it is a comprehensive health education curriculum.

If the curriculum focuses on a single topic, select the appropriate module. If it's clear that the curriculum is intentionally limited to a specific number of topics, use the corresponding modules that address these topics. If a curriculum is determined to be a comprehensive health education curriculum, use the CHE module.

The CHE module should not be used to analyze a single topic curriculum, even if the curriculum under review addresses all grade levels. Likewise, multiple single-topic modules should not be used to analyze a comprehensive curriculum.

An analysis of a comprehensive curriculum should examine the extent to which a curriculum:

- Addresses priority knowledge expectations in multiple health topics within a single grade group and across grade groups;
- Addresses specific skills and expectations in particular health topics and at particular grade levels; and
- Provides sufficient opportunities for students to practice essential skills across the curriculum.

These aspects of the CHE analysis components are not found in single-topic modules.

The Health Topic Modules analyze the core of the curriculum, that is the knowledge and skills that contribute to health-promoting behavior.

This information from the HECAT can also be used directly or modified to inform the development of a health education scope and sequence.

Go Further



Questions

Q: Can changes to modules be made to address specific priorities, needs, and interests?

A: Yes, the CDC recognizes that school curricula are typically selected at the local level and must meet local school and community needs. It also recognizes that curricula must conform to state or school district curriculum requirements. You can add, delete, or revise items in the HECAT to meet local needs and curriculum requirements. However, you should note that revisions that significantly change the content of the HECAT could diminish the value it brings to your curriculum analysis, selection, or development process.

Q: Why does the HECAT include modules for analyzing single health topics as well as for analyzing multiple health topics?

A: The HECAT is designed to support analysis of many health education curricula, some that focus on health outcomes related to a single topic (e.g., violence prevention) and some that address a comprehensive set of health outcomes across multiple health topics. You can choose the module(s) that best matches your needs and the focus of the curriculum under review.

Q: What are some differences between the analysis of a comprehensive health education curriculum and a single topic curriculum?

A: The analysis of a comprehensive health education curriculum, using the CHE module, requires significant time and attention. There are more knowledge and skill expectations to be analyzed in a comprehensive curriculum than in a single topic curriculum. A comprehensive health education curriculum requires a greater depth of analysis of multiple topics compared to a single topic curriculum. It also requires an additional breadth of analysis across topics and grade groups not necessary in the analysis of a single topic curriculum.

Resources

CDC HECAT Appendix 4: Using the HECAT to Develop a Scope and Sequence for Health Education
https://www.cdc.gov/healthyyouth/hecat/pdf/hecat_append_4.pdf

CDC Developing a Scope and Sequence for Sexual Health Education
https://www.cdc.gov/healthyyouth/hecat/pdf/scope_and_sequence.pdf

Module Example (Sexual Health)

Video Summary

- Knowledge and skill expectations for this module are intended to help students adopt and maintain the specific healthy behavioral outcomes that promote sexual health and prevent sexual risk-related health problems.
- Scores from reviewers' analysis of this module are transferred to the Overall Summary Forms.

Audio Script

Let's demonstrate how to fill out one of the Health Topic Modules. For this example, we'll focus on the Sexual Health Module.

The knowledge and skill expectations included in this module were developed through a rigorous process guided by research on the types of knowledge, skill, and experience that help students in grades pre-k through 12 adopt and maintain the specific healthy behavioral outcomes that promote sexual health and prevent sexual risk-related health problems.

The module is organized by the *National Health Education Standards* and is specifically grouped by Standard 1, essential knowledge expectations, and Standards 2-8, essential skill expectations. It is further categorized by grade groups: pre-K through Grade 2; Grades 3 through 5; Grades 6 through 8; and Grades 9 through 12.

For our example, we will focus on grade group 3 through 5.

STANDARD 1

The Standard 1 curriculum analysis will result in a single score that reflects the extent to which the curriculum addresses the knowledge expectations related to sexual health. Each expectation corresponds with one or more healthy behavior outcomes listed on the first page of that module. This allows your review team to add, delete, or revise items to meet your selected healthy behavior outcomes, the curriculum requirements of your state or school district, and community needs.

As they review a curriculum, team members check the box next to each sexual health-related knowledge expectation addressed in the curriculum they are reviewing. A knowledge expectation is considered “addressed” if there is sufficient information provided in the curriculum for students to be able to demonstrate understanding of this concept. Some knowledge expectations might require more evidence than others.

Then, looking at the number of items checked, you can determine a Knowledge Expectations Coverage Score for this standard and for the grade group. In our example, our sheet has some of the items checked, but not a majority of them, so the score for Standard 1, Grades 3 through 5, is a “2.”

If the curriculum addresses more than one grade group, complete a separate analysis of Standard 1 for each group.

STANDARDS 2-8

Standards 2–8 focus on what students should be able to do by the end of a specific grade level span. This section will result in two ratings for each standard:

- How well the skill expectations are covered for that standard, and
- The extent to which the curriculum provides opportunities for students to understand and practice the skills necessary to meet these skill expectations.

The skill expectations are listed, much the same as the knowledge expectations were for Standard 1. Again, we’ll focus on Grades 3 through 5.

In analyzing and scoring these expectations, look for evidence this expectation is fully met, and then check the expectation statement if it can be found in the curriculum. For our example, all of the skill expectations have been met for Standard 2, Grades 3 through 5. Therefore, the Coverage Score is a “4” in this case.

The second score for Standards 2-8 is the student skill practice analysis. This emphasizes the importance of practicing skills to improve skill learning.

The student skill practice questions are the same in all topic modules, for every skill listed in Standard 2-8, and for every grade group. The focus is on the number of opportunities students have to practice the skills needed to meet the standard and their ability to assess their own progress in developing skills.

Note that questions two and three focus on practicing the skills needed to meet the standard. This calls for analyzing the extent to which the curriculum addresses more than one skill expectation and the full range of skill-building activities to determine if the criteria have been met.

Check the box if a criterion is met and total the number of checks for the Student Skill Practice Score.

For our example, one box is checked, so the Student Skill Practice Score for Standard 2, Grades 3 through 5 is a “1.” Unfortunately, skill practice is commonly given little attention or time in a curriculum. This element may score poorly across skill standards. Skill practice can be strengthened by teacher instruction through augmented lessons or training. Keep in mind, skills don’t have to be practiced for every standard, health topic, and grade level. They can be varied throughout and across standards, topics, and grades to help students develop skills that can be applied in a variety of situations.

Repeat this process, totaling the student skill expectations and student skill practice scores for each of the Standards 2-8.

Take the results from analyzing each standard and transfer those scores to the Overall Summary Forms. Once the curriculum analysis has been conducted for all health topic modules, it’s time to tabulate scores in the Overall Summary Forms.

Now, we have come to the portion of the training to discuss the Overall Summary Forms in greater detail.

Go Further Questions



Q: What are the Healthy Behavior Outcomes for sexual health?

A: Healthy Behavior Outcomes (HBO) for a pre-k through Grade 12 health curriculum should enable students to:

- Establish and maintain healthy relationships. (HBO 1)
- Be sexually abstinent. (HBO 2)
- Engage in behaviors that prevent or reduce sexually transmitted disease (STD), including HIV infection. (HBO 3)
- Engage in behaviors that prevent or reduce unintended pregnancy. (HBO 4)
- Avoid pressuring others to engage in sexual behaviors. (HBO 5)
- Support others to avoid or reduce sexual risk behaviors. (HBO 6)
- Treat others with courtesy and respect without regard to their sexual orientation. (HBO 7)
- Use appropriate health services to promote sexual health. (HBO 8)

Q: Can knowledge and skill expectations be relevant to multiple health topics?

A: Some knowledge and skill expectations may be relevant to more than one health topic. Look in other health topic modules to see if there are any related knowledge or skill expectations that might be added for review. For example, if a curriculum addresses broader sexual health issues such as expressing feelings in a healthy way, maintaining healthy relationships, getting help to stop or prevent sexual violence or abuse, and preventing spread of infectious disease, include the knowledge expectations that

address these outcomes in the Mental and Emotional Health, Personal Health and Wellness, and Violence Prevention modules.

Q: Do all standards need to be addressed for all grade groups?

A: It is not necessary that all standards be emphasized for all grade groups in a given topic. There are no skill expectations for some standards at some grade levels.

Q: What are some examples of skill-building activities?

A: Examples of skill-building activities include:

- Teaching the skill.
- Rehearsing the skill.
- Obtaining feedback about skill performance.

Resources

HHS Administration for Children and Families, State Abstinence Education Grant Program

<https://www.acf.hhs.gov/fysb/resource/aegp-fact-sheet>

HHS Office of Adolescent Health – Teen Pregnancy Prevention Program

<https://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/tpp-program.html>

Reducing Adolescent Sexual Risk: A Theoretical Guide for Developing and Adapting Curriculum-Based Programs http://pub.etr.org/upfiles/Reducing_Adolescent_Sexual_Risk.pdf

CDC Developing a Scope and Sequence for Sexual Health Education

https://www.cdc.gov/healthyyouth/hecat/pdf/scope_and_sequence.pdf

Overall Summary Forms

Video Summary

- The Overall Summary Forms can be used to track HECAT progress and inform discussions and decisions by the curriculum review team.
- These forms consolidate information across different analyses.

Audio Script

After you have completed the preliminary consideration analyses, curriculum fundamental analyses, and health topic modules, you are ready to transfer your scores to the appropriate sections of the Overall Summary Forms for analysis.

The Overall Summary Forms can be used for two purposes:

- To keep track of your progress in completing the HECAT analysis; and
- To inform discussions and decisions by your curriculum review team.

The Overall Summary Forms are:

1. The Individual Curriculum Summary Scores. This form is used to consolidate scores across the modules for a single curriculum;
2. The Multiple Curricula Comparison Scores. This form is used to compare scores across multiple curricula or grade groups by consolidating Individual Curriculum Summary Scores; and

3. The Curriculum Summary Score Notes provides space to capture critical comments throughout the analysis.

Use a separate form for each grade group or health topic module.

Here's an example of the Individual Curriculum Summary Score form filled out for grade group 3 through 5 using the Sexual Health module.

Remember, these forms are only to consolidate information across different analyses. We will talk more in the next video about how to interpret and use the information on these Summary Score forms.

Go Further



Questions

Q: What HECAT chapters pertain to scoring sections of relevant health topics?

A: Individual scores are recorded in Chapters 4, 5, and 6. Scores are then transferred to the Overall Summary Forms found in Chapter 3.

Resources

CDC Health Education Curriculum Analysis Tool (HECAT) Website
<https://www.cdc.gov/healthyyouth/hecat/>

After Completing the HECAT

Video Summary

- After completing the Overall Summary Forms and curriculum analysis, the team can review the results and make recommendations for curriculum selection or revision.
- There are nine recommended steps to develop a selection or revision process.
- Steps include reaching a consensus on final scores, ranking curricula, and assigning curriculum revisions, supplements, and improvements.

Audio Script

After completing the Overall Summary Forms and curriculum analysis, it's time to review the results to make recommendations for curriculum selection or revision.

You will need to develop a selection or revision process that works best in your setting. Here are some recommended steps:

1. **Convene a meeting.** Schedule a meeting of the health education curriculum review committee to discuss the completed HECAT analyses. Include any additional individuals who will be responsible for revising locally developed curricula.
2. **Review the scores and comments.** Review the scores for the Preliminary Curriculum Considerations completed in Chapter 4 and determine whether to eliminate any curricula based on concerns about the accuracy and acceptability of content, feasibility of implementation, and cost. Review the recommendations for how to overcome the problems that were identified.
3. **Reach a consensus on final scores.** There should be consensus for the scores of the health topic modules for each curriculum when reviewers' scores are not consistent. Focus the discussion on those items for which there is a difference of two or more points. If consensus is not possible, the scores can be averaged. If the scores are already consistent, use this opportunity to have

team members explain their scores. Once consensus is achieved, the team can discuss identified strengths and weaknesses.

4. **Identify important items.** The HECAT process doesn't assume all scoring areas have the same value although the same 0-4 scores are assigned for each area. Your team may decide that some criteria matter more than others when selecting an appropriate curriculum. For example, your team might consider refusal skills from the Standard 4 "communication skills practice" score to be more important than the Standard 1 "knowledge expectations" score when selecting a middle school alcohol abuse or sexual health curriculum. It appears these scores have the same value on paper, but the committee might consider this and other score areas as being more important when determining the curriculum that is selected.
5. **Rank curricula.** If using the HECAT to review one curriculum, skip to the next step. If comparing more than one curriculum, use the Multiple Curriculum Comparison Scores form. Rank curricula from strongest to weakest.
6. **Make curricula and analyses available to the public for comment, if required.** Drawing upon a health education curriculum review committee that represents a broad range of school and community perspectives can help ensure that the analysis results and curriculum recommendations match the interests of the public. Sharing your analysis results with the public is even more transparent and demonstrates confidence that your process was fair, objective, and inclusive of others so the public can trust in the findings.
7. **Review public comments if solicited, and consider whether the ranking of the curricula should be revised based on the input received.** The HECAT coordinator and members of the review team should examine all public comments, considering the implications of comments for ranking each curriculum. Remember, though, that no single opinion should immediately override your objective and systematic review committee process.
8. **Use final ranking and public comments to make curriculum recommendations for selection or improvement.** Use the final ranking to make recommendations for selecting a packaged curriculum or making revisions to a locally developed curriculum.
9. **Assign curriculum revisions, supplements, and improvements.** Revisions, supplements, or improvements to a curriculum should be assigned to a writing team made up of review team members or other health educators who have experience and expertise in writing curricula.

Now, let's take a moment to check your knowledge on using the HECAT by answering a few questions.

Go Further

Questions



Q: What is meant by the terms strength, weakness, omission, and extra?

A: A **strength** is an element of the curriculum that closely meets all of the HECAT criteria and is typically scored a "3" or "4" in the analysis review because it allows opportunities for practice and reinforcement. For example, the curriculum thoroughly and effectively teaches students the process of goal setting.

A **weakness** is an element of the curriculum that does not closely match the HECAT criteria and typically receives a score of "2" or less. For example, the teacher talks about the skill of goal setting, but students don't have opportunities to practice the skill.

An **omission** is an element of the curriculum that is missing based on the HECAT criteria. For example, opportunities for students to practice encouraging their peers to postpone intercourse are not included.

An **extra** is an element of the curriculum that is additional to what is outlined in the HECAT criteria. For example, the curriculum includes detailed information on the different drugs an HIV-infected individual might be prescribed.

Q: What if the scores are consistently low for a curriculum?

A: If scores for a locally developed curriculum are consistently low (“0” or “1”), consider eliminating the current curriculum and developing a new one.

Q: What are some considerations when ranking curricula?

A: Some considerations to keep in mind when ranking curricula include:

- Each criteria and score stands on its own. Do not add the scores to calculate a total score or average.
- Review Chapter 4 scores to determine if accuracy, acceptability, feasibility, or affordability scores and comments should affect the ranking of a curriculum.
- Review the curriculum fundamentals (Chapter 5) and determine which curriculum scores are highest in most of these fundamentals, especially in the areas that your team believes are most important.

Q: What steps can be taken to facilitate an informed review by the general public?

A: To facilitate an informed public review, the coordinator should:

- Provide a written summary of each curriculum under consideration.
- Provide a summary of the review process.
- Provide a written summary of HECAT scores and the strengths and weaknesses of each curriculum.
- Provide a copy of each curriculum under consideration.
- Solicit public review and comments.

Resources

CDC Health Education Curriculum Analysis Tool (HECAT) Website
<https://www.cdc.gov/healthyyouth/hecat/>

Knowledge Check 3

Quiz

THE SCENARIO

You are a member of your school district’s health education curriculum review committee. The committee has begun using the HECAT in its review of health education curricula. At the next meeting, the committee will be finalizing the criteria, scoring, and ranking procedures that they will use. Answer the questions below to prepare for the meeting.

Read the following statements to select the most appropriate response.

1. A health education curriculum review committee can add review criteria to the HECAT process as they see fit.
 - A. True

- B. False
2. Which of the following is not an appropriate choice if multiple reviewers assign different scores to a curriculum?
- A. Use the score of the review committee member with the strongest opinion.
 - B. Find the average score and assign it to the curriculum.
 - C. Choose not to worry about the issue if scores are within two points of one another.
 - D. Set aside time for the reviewers to discuss their scores and seek consensus on a final group score.
3. The Comprehensive Health Education (CHE) curriculum module is best used to assess and score:
- A. A curriculum that focuses on one or two health topics
 - B. A single topic curriculum that addresses multiple grade levels
 - C. A curriculum that includes multiple health topics across more than one grade group level
 - D. A curriculum that is labeled “comprehensive” by the developer
4. After a health education curriculum review committee has scored, discussed, and ranked the health education curricula, which of the following would be the best next step for the committee?
- A. Follow the appropriate district procedures for placing an order for the highest ranked curriculum.
 - B. Make the reviewed curricula and analyses available to the public for comment.
 - C. Make a presentation on the top three curricula to the district superintendent.
 - D. Ask the publisher of the top ranked curricula for references from other districts who use it.
5. In the HECAT scoring process, if a curriculum identifies and lists health behavior outcomes (HBOs) for a topic, the reviewer should note them as “extras” – something that goes beyond the specified scoring criteria.
- A. True
 - B. False

Answer Key

1. A health education curriculum review committee can add review criteria to the HECAT process as they see fit.
- A. Correct! Your committee may add, delete, or revise the outcomes and expectations in the HECAT to reflect your local community and conform to state or district requirements. However, revisions that significantly change the content or length of the HECAT could diminish the value the HECAT brings to your curriculum analysis, selection, or development process.**
 - B. Try again! Your committee may add, delete, or revise the outcomes and expectations in the HECAT to reflect your local community and conform to state or district requirements.

2. Which of the following is not an appropriate choice if multiple reviewers assign different scores to a curriculum?
 - A. **Correct! This is not an appropriate choice; the committee needs to seek consensus when possible and always use the input of the entire group when assigning a score.**
 - B. Try again! This is an appropriate choice for a committee facing scoring differences, especially if consensus cannot be reached by discussion.
 - C. Try again! This is an appropriate choice for a committee facing scoring differences. Scoring differences this small may not necessarily impact the final rankings.
 - D. Try again! This is the most appropriate choice for a committee facing scoring differences.
3. The Comprehensive Health Education (CHE) curriculum module is best used to assess and score:
 - A. Try again! Your committee should use the one or two specific health topic modules that best align with the topics of the curriculum under consideration.
 - B. Try again! You should use all the available grade group analysis items provided in the single topic module.
 - C. **Correct! The value of the CHE module is that it provides for analysis of multiple topics across multiple grade levels, without have to go through multiple individual health topic modules.**
 - D. Try again! You and your committee determine the comprehensiveness of a curriculum by reviewing it and determining for yourselves which module can best be used to analyze it.
4. After a health education curriculum review committee has scored, discussed, and ranked the health education curricula, which of the following would be the best next step for the committee?
 - A. Try again! It is likely your selection process can benefit from sharing the curricula and analysis with a wider audience prior to finalizing the curriculum selection.
 - B. **Correct! Taking this step demonstrates transparency and confidence that your process was fair, objective, and inclusive of others.**
 - C. Try again! While this may or may not be something your committee wants to do, it is not the best next step option out of these choices.
 - D. Try again! While this may or may not be something your committee wants to do, it is not the best option out of these choices for a next step.
5. In the HECAT scoring process, if a curriculum identifies and lists health behavior outcomes (HBOs) for a topic, the reviewer should note them as “extras” – something that goes beyond the specified scoring criteria.
 - A. Try again! HBOs are considered a standard part of the review and scoring criteria for each module.
 - B. **Correct! HBOs are considered a standard part of the review and scoring criteria for each module.**

Chapter 4: Conclusion

Next Steps

Video Summary

- Visit the CDC's HECAT homepage to learn more about the HECAT: <https://www.cdc.gov/healthyyouth/hecat/>.
- Review the *National Health Education Standards* and the characteristics of an effective health education curriculum.
- Download a print version of the HECAT for your next curriculum review, found in the Resources section.

Audio Script

You have learned how the HECAT can be used to review and select a health education curriculum. You have heard how the HECAT can be used to update and improve your health education scope and sequence, inform health education assessment, and even help you select health education resource materials. It also provides essential content that will help health teachers improve their health instruction.

To learn more about the HECAT, visit the CDC's HECAT homepage at [CDC.gov/healthyyouth/hecat](https://www.cdc.gov/healthyyouth/hecat/). You can also dive deeper into the *National Health Education Standards* and the characteristics of an effective health education curriculum.

Download a print version of the HECAT for your next curriculum review. It can be found in the Resources section of this training.

Read the entire HECAT to become familiar with its contents, beginning with the Overview and Chapter 1, General Instructions. This will help you determine how the HECAT can meet your curriculum analysis, development, or selection needs. Chapter 1 provides essential background information and instructions for conducting a health education curriculum review.

Read the remaining chapters to review the curriculum, and complete the forms for your analysis using the HECAT.

This training can be used as a reference as you begin your HECAT implementation.

Thank you for participating in *the Health Education Curriculum Analysis Tool* course.

Finally, you can print a Certificate of Completion by clicking on the certificate link also in the Go Further section.

We hope you have learned more about the *Health Education Curriculum Analysis Tool* by participating in this course, part of the "Training Tools for Healthy Schools" e-Learning series.

Go Further

Questions

Q: I'm a higher-education instructor and teach in health and physical education professional teacher preparation programs. Where can I learn more about incorporating the HECAT into my instruction or sharing the HECAT with school districts in my area?



A: CDC developed a pre-service training guide, *Health Education Curriculum Analysis Tool: A Guide for Health Education Teacher Preparation Programs in Institutions of Higher Education*, to help future health education teachers understand how they can improve health instruction and curriculum selection using the HECAT. To learn more, visit https://www.cdc.gov/healthyyouth/hecat/hecat_ihe.htm.

Q: *How can I download all of the questions and links provided in this course?*

A: All Go Further information throughout this course can also be found in the “Download Course” document provided under Go Further. A complete set of Go Further questions and answers and a complete Resource List are located at the end of the document.

Q: *How can other courses in the “Training Tools for Healthy Schools e-Learning series” help me?*

A: Other courses in the series include:

- [Comprehensive Physical Activity Programs: A Guide for Schools](#) – provides a multicomponent approach by which school districts and schools can use all opportunities for students to be physically active, meet the nationally recommended 60 minutes of physical activity each day, and develop the knowledge, skills, and confidence to be physically active for a lifetime.
- [Parents for Healthy Schools](#) – provides guidance on how to use and share the resources developed for the *Parents for Healthy Schools* initiative and provides strategies for how parents can become involved in school health.
- [School Health Guidelines to Promote Healthy Eating and Physical Activity](#) – serves as a reference guide to identify evidence-based practices that can be implemented in schools. The course includes extensive information on practices to achieve the guidelines.
- [School Health Index: A Self-Assessment and Planning Guide](#) – provides an approach on how to assess your school’s current status on its health and safety policies and programs.

Resources

CDC Characteristics of an Effective Health Education Curriculum
<https://www.cdc.gov/healthyschools/sher/characteristics/index.htm>

CDC HECAT Brochure https://www.cdc.gov/healthyyouth/hecat/pdf/hecat_brochure.pdf

CDC HECAT FAQs <https://www.cdc.gov/healthyyouth/hecat/faq.htm>

CDC National Health Education Standards
<https://www.cdc.gov/healthyschools/sher/standards/index.htm>

CDC HECAT: A Guide for Health Education Teacher Preparation Programs in Institutions of Higher Education https://www.cdc.gov/healthyyouth/hecat/hecat_ihe.htm

HECAT Course Certificate of Completion [PDF - 269KB]

Complete Set of Go Further Questions



Q: How can I go further?

A: As you view the videos, this “Active Child” icon will appear periodically in the lower left corner of the video to let you know that more information is available in this Go Further section. You can access the information by clicking on questions or resource titles.

Q: How can I download all of the Go Further information provided in this course?

A: All questions and links that appear in the Go Further section throughout this course can also be found in the “Download Course” document provided under Go Further. A complete set of Go Further questions and answers and a complete Resource List are located at the end of the document.

Q: Why was the HECAT developed?

A: The HECAT was developed to assist educators in selecting or developing a health education curriculum to increase positive student behaviors. Improving the health and safety of students through health education yields benefits by increasing students’ readiness to learn and reducing absenteeism.

Q: For whom is the HECAT designed?

A: The HECAT was designed to be used by those responsible for selecting, supervising, developing or using health education curricula for schools. This includes school district administrators and school leadership who select curricula for school districts and supervise educators; curriculum review committees, school educators, or curriculum developers who review or develop curricula; and state or regional education agency staff and community-based organizations who work with schools.

Q: How can the intended audience use the HECAT?

A: State or regional education agency staff can use the HECAT to inform the development or review of:

- State health education standards or frameworks
- Recommendations for conducting state or local curriculum review
- State-recommended health education curricula

School district administrators, curriculum committees, educators, or staff at community-based organizations can use this tool to:

- Develop new or improve existing health education courses of study, scope and sequence, learning objectives, or curricula
- Guide the selection of curricula available for purchase
- Examine or evaluate curricula currently in use

Q: How can my school, school district, or state benefit from using the HECAT?

A: Using the HECAT can help schools and school districts:

- Clarify what should be included in a health education curriculum
- Inform the selection of a high-quality curriculum that is affordable and feasible to implement
- Provide justification for curriculum decisions to parents, school board members, and others interested in health education in your community or state

The HECAT can help state educational agencies:

- Ensure the curriculum is aligned with research-based practices and the *National Health Education Standards*
- Identify instructional strategies that improve teaching and student learning

Q: What is meant by the term "scope and sequence"?

A: Scope and sequence refers to the breadth and arrangement of key health topics and concepts across grade levels (scope) and the logical progression of essential health knowledge, skills, and behaviors to be addressed at each grade level (sequence) from pre-kindergarten through the 12th grade.

Q: Was the HECAT tested before being released?

A: Yes, the HECAT was pilot tested multiple times through internal reviews of curricula, numerous field tests, and reviews by institutions of higher education.

Q: Is the HECAT required as a condition to receive federal funding?

A: No, the HECAT is not required as a condition to receive funding from the CDC or any other federal agency. Its use is entirely voluntary.

Q: What is a health education curriculum?

A: A health education curriculum is the primary organizing framework for the delivery of health education. An effective curriculum is comprised of teaching strategies and learning experiences that provide students with opportunities to acquire the knowledge, skills, and attitudes necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others.

Q: Are materials such as textbooks considered a health education curriculum?

A: Materials such as textbooks are most likely considered **resources** because they do not typically meet all the elements required of a complete health education curriculum.

Q: How can the HECAT assist me in selecting or developing a curriculum?

A: The HECAT can help ensure that your health education curriculum selection or development process is systematic, consistent, and thorough so that it meets what students need and community members expect. It can also help ensure that it reflects current research and practice.

Q: Can the HECAT be used to measure the effectiveness of my health education curriculum?

A: The HECAT measures the extent to which a curriculum incorporates effective practices; however, it does not assess research findings related to the effectiveness of a particular curriculum.

Q: Can the HECAT be used to analyze or select health education textbooks?

A: The HECAT is not recommended to analyze a single resource independent of the curriculum in which it will be used.

Q: Can the HECAT be used to develop a health education scope and sequence?

A: The HECAT provides valuable information to assist in developing a scope and sequence or framework; however, a process should be developed that reflects the students' needs as well as the interests and priorities of the community. Read Appendix 4 of the HECAT for more information about using the HECAT to design a scope and sequence for health education.

Q: Can the HECAT be used to determine the most appropriate grade for addressing specific concepts or skill instruction?

A: No, the HECAT should not be used to determine the most appropriate grade to address specific concepts. The HECAT provides knowledge and skill expectations deemed appropriate for grade groups (i.e., prekindergarten through Grade 2; Grades 3–5; Grades 6–8; and Grades 9–12). It does not identify the individual grade at which these might be most appropriate. State boards of education, local school boards, school district administrators, or curriculum coordinators determine curriculum priorities and requirements for all relevant health education topics, including the grades at which specific concepts and skills should be addressed. The HECAT can inform priorities and decisions about grade-level requirements.

Q: What might we focus on at each grade group level and in each topic to achieve the general skill standards?

A: The *National Health Education Standards 2–8* broadly articulate the skills students should have in order to adopt and maintain health-enhancing behaviors. More specific indicators are needed to determine the extent to which a curriculum could most appropriately address these skill standards in various topics and grades. CDC developed a list of priority skill expectations to further delineate the essential skill focus for each standard across topics and grade levels. These are listed in Appendix 3 of the HECAT.

Q: What role does the curriculum review committee play?

A: The curriculum review committee could be the entity that completes the HECAT analyses and appraisals of curricula. It may also be a decision-making body that reviews and acts on reports from other committees that have completed analyses using the HECAT appraisal instruments.

Q: Should all curriculum review committee members complete every section of the HECAT for each curriculum being considered?

A: No, the most knowledgeable person(s) in the specific topic area should complete that section of the HECAT. The committee should consist of a broad range of expertise, and members should review only the HECAT components for which he or she is most qualified. For example, parents are invaluable in completing the Acceptability Analysis but may be less able to review the Skill Application. All members of the curriculum review committee should, however, receive and review the results of the entire HECAT analysis prior to making curriculum recommendations.

Q: What if a committee member does not feel qualified to complete an analysis?

A: It is important to select committee members who have the necessary expertise to complete the HECAT analysis. For example, someone with research expertise should complete the Accuracy Analysis (e.g., a university researcher). Or someone with scientific expertise could complete the content review of a specific area (e.g., a registered dietitian nutritionist (RDN) for the topic “healthy eating”). Identify these experts prior to beginning the curriculum review, and limit their assignments, if desired, to areas of the HECAT for which they have expertise.

Q: How can strengths and weaknesses of health and safety policies be identified?

A: Since the HECAT addresses only health education, the CDC’s School Health Index (SHI) can be used to identify the strengths and weaknesses of a school’s policies and programs related to health and safety.

Q: What knowledge, skills, or level of authority should members of the health education curriculum review committee possess?

A: Team membership should include individuals who:

- Understand schools, the educational and health needs of students, and the norms and values of their community.
- Have expertise in health education curriculum and instruction.
- Are knowledgeable about relevant health education content.
- Supervise curriculum and instruction for the school district or school.
- Can make final decisions about the curriculum for the school district or school.

Q: What should be included in the orientation session for all reviewers?

A: The orientation should provide an overview that includes:

- A timeline for completing reviews.
- A description of how the HECAT instruments and scoring process work.
- An explanation of how reviewers can get assistance.
- Instructions for what reviewers should do with the results and materials after completing their reviews.

Q: Should the HECAT assessment be completed by an individual?

A: No, it should not be completed by one individual. The review of curricula should be conducted by a team, working together. The advantage of working as a team is the benefit of multiple perspectives and varying degrees of expertise.

Q: Can a single person complete specific parts of the HECAT?

A: Yes. Some chapters and sections of the HECAT can be completed by one person, who then provides the information to other review committee members. For example, general descriptive information can be completed by one person who is very familiar with the curriculum, usually the curriculum coordinator. This information can then be provided to other review committee members.

Q: What factors can impact the timeline for the review process?

A: Factors that can impact the review timeline include:

- The amount of learning materials in a curriculum to be reviewed.
- The orderliness of the curriculum.
- The extent to which a curriculum's materials are easily available for all reviewers.
- The breadth and scope of the curriculum under review. For example, a multi-grade versus a single-grade curriculum, or a comprehensive health education curriculum versus one with a single health topic all have different breadth and scope.

Q: Can the HECAT be shortened?

A: Yes, the HECAT can be shortened. Its length and content should reflect only what needs to be analyzed.

Q: What if topics in my curriculum, such as consumer health, don't match those of the HECAT?

A: The topics used in the HECAT reflect the health issues that the CDC considers to be important for children and adolescents. These topics may not match those used by some organizations or curriculum developers or the terminology used in your state, school district, or school. Review the HECAT to find

health topic modules that most complement your curriculum requirements and terminology. You can change the terminology and content of the modules to best meet your needs. If you do not find a match within a single module, select items from multiple modules and design a new HECAT topic module.

Q: How long does a typical curriculum review take?

A: A curriculum review usually takes several hours to complete. During the pilot-testing phase, curriculum reviews conducted using the HECAT took four to 16 hours, per curriculum to complete.

Typically, a curriculum review will not be completed in one session. Separate sessions might be necessary to:

- Prepare the review committee to use the HECAT.
- Determine local performance benchmarks and a list of curricula to be reviewed.
- Shorten the curricula list that might be acceptable for complete analysis.
- Conduct the complete analysis on the final curricula list.

Allow time for the curriculum review committee to review curriculum analysis scores and reach a consensus on recommendations.

Q: Can the HECAT be revised by the curriculum review committee to meet local needs once the analysis process begins?

A: The HECAT may be revised as needed when reviewing a single curriculum; however, it may be more burdensome to revise once the review process begins if analyzing multiple curricula. It is important to analyze all curricula consistently to ensure fair comparisons. This requires using the same scoring and comparison criteria for all curricula. Therefore, you should determine the items to be included in your analysis before you start the review process. If changes to the HECAT are made during the curriculum review process, you should review any curricula once again that were analyzed and scored prior to these changes.

Q: Is it necessary to complete the entire HECAT for each curriculum that is reviewed?

A: It is not necessary to complete the entire HECAT for each curriculum that is reviewed. However, all categories and items can be useful for selecting or developing a curriculum. You can determine which items are important to include in your analysis and selection or development process.

Q: Who should complete the Accuracy Analysis?

A: The Accuracy Analysis should be completed by those who can assess the accuracy of the health, medical, and scientific information in the curriculum. For example, the analysis team might include health experts, health curriculum specialists, or university researchers who can review the curriculum to ensure the information is scientifically sound, medically accurate, and current.

Q: What questions should be considered when analyzing accuracy?

A: Questions to consider include:

- Does the curriculum use accurate and appropriate terminology?
- Are data, information, and sources of information current?
- Are data medically accurate?
- Are data represented accurately in charts, graphs, and written text?

- Are statements of fact based on data and sound science rather than anecdotal information or subjective opinion?
- Is information about data sources provided so that the accuracy of data can be verified and facts can be substantiated?
- Are facts and information based on appropriate data? For example, are national trends supported with national data rather than state or local data? Are youth trends supported with youth data rather than adult data?
- Are sources of data clear and credible? Are they from a reputable public health or professional source?

Q: Who should complete the Acceptability Analysis?

A: The Acceptability Analysis should be completed by those who know the expectations of the school and community for health education materials; state and local policies, frameworks, and standards that guide health education; and the health education needs of students. The analysis team may include parents or caregivers, students, school board members, school principals, district health education coordinators, physical education and health education teachers, school counselors, and other persons who work with young people.

Q: What questions should be considered when analyzing acceptability?

A: Questions to consider include:

- Do pictures and graphics avoid promoting biased or stereotypical perceptions of individuals or groups on the basis of personal characteristics such as race, ethnicity, gender, religion, culture, age, or sexual orientation?
- Does the curriculum address the health problems that affect youth, families, and the community?
- Does the curriculum address issues and experiences that are important for improving the health-promoting decisions and practices of the students?
- Does the curriculum make accurate assumptions about students and address their experiences, learning, and developmental needs?
- Does the curriculum recognize important subpopulations of students, make realistic assumptions about them, and address their unique experiences and learning needs?
- Is the language used in the curriculum relevant and appropriate for the students and the community?
- Does the curriculum reflect cultural perspectives and beliefs found in families, the school, and the community?
- Do the curriculum information and learning experiences, such as student-family activities, reflect the diversity of cultures among students and families?
- Does the curriculum acknowledge and support the roles of parents/caregivers, family, and community members in promoting healthy behaviors among youth?

Q: Who should complete the Feasibility Analysis?

A: The Feasibility Analysis should be completed by those who know if the curriculum can be successfully implemented in the classroom. An analysis team might include teachers, school administrators, a curriculum coordinator, and the health education coordinator of the school district.

Q: Who should complete the Affordability Analysis?

A: The Affordability Analysis should be completed by those who:

- Know how to purchase, implement, and revise a curriculum;
- Can estimate how much it will cost to change the operating procedures of the school; and
- Can identify available resources to cover the costs of the new curriculum.

The analysis team could include the curriculum coordinator, district business officer, or school administrator.

Q: Who should complete the Curriculum Fundamentals section of the HECAT?

A: The curriculum fundamentals analysis should be completed by those who understand curriculum design, instruction, assessment, and health education content. Such persons might include health education coordinators, teachers, curriculum specialists, school principals, assessment specialists, and others who work with young people.

Q: What is considered a comprehensive health education curriculum?

A: A curriculum should be considered a comprehensive health education curriculum if it:

- Focuses on numerous and diverse health topics and issues.
- Assimilates a wide range of knowledge and skill expectations across multiple topics and grades.
- Incorporates uniform instructional methodology and assessment strategies across topics and grades.
- Intentionally designs lessons to build on previously learned concepts and skills.
- Builds a foundation for learning new concepts and skills within and across grade groups.

Q: Can changes to modules be made to address specific priorities, needs, and interests?

A: Yes, the CDC recognizes that school curricula are typically selected at the local level and must meet local school and community needs. It also recognizes that curricula must conform to state or school district curriculum requirements. You can add, delete, or revise items in the HECAT to meet local needs and curriculum requirements. However, you should note that revisions that significantly change the content of the HECAT could diminish the value it brings to your curriculum analysis, selection, or development process.

Q: Why does the HECAT include modules for analyzing single health topics as well as for analyzing multiple health topics?

A: The HECAT is designed to support analysis of many health education curricula, some that focus on health outcomes related to a single topic (e.g., violence prevention) and some that address a comprehensive set of health outcomes across multiple health topics. You can choose the module(s) that best matches your needs and the focus of the curriculum under review.

Q: What are some differences between the analysis of a comprehensive health education curriculum and a single topic curriculum?

A: The analysis of a comprehensive health education curriculum, using the CHE module, requires significant time and attention. There are more knowledge and skill expectations to be analyzed in a comprehensive curriculum than in a single topic curriculum. A comprehensive health education curriculum requires a greater depth of analysis of multiple topics compared to a single topic curriculum. It also requires an additional breadth of analysis across topics and grade groups not necessary in the analysis of a single topic curriculum.

Q: What are the Healthy Behavior Outcomes for sexual health?

A: Healthy Behavior Outcomes (HBO) for a pre-k through Grade 12 health curriculum should enable students to:

- Establish and maintain healthy relationships. (HBO 1)
- Be sexually abstinent. (HBO 2)
- Engage in behaviors that prevent or reduce sexually transmitted disease (STD), including HIV infection. (HBO 3)
- Engage in behaviors that prevent or reduce unintended pregnancy. (HBO 4)
- Avoid pressuring others to engage in sexual behaviors. (HBO 5)
- Support others to avoid or reduce sexual risk behaviors. (HBO 6)
- Treat others with courtesy and respect without regard to their sexual orientation. (HBO 7)
- Use appropriate health services to promote sexual health. (HBO 8)

Q: Can knowledge and skill expectations be relevant to multiple health topics?

A: Some knowledge and skill expectations may be relevant to more than one health topic. Look in other health topic modules to see if there are any related knowledge or skill expectations that might be added for review. For example, if a curriculum addresses broader sexual health issues such as expressing feelings in a healthy way, maintaining healthy relationships, getting help to stop or prevent sexual violence or abuse, and preventing spread of infectious disease, include the knowledge expectations that address these outcomes in the Mental and Emotional Health, Personal Health and Wellness, and Violence Prevention modules.

Q: Do all standards need to be addressed for all grade groups?

A: It is not necessary that all standards be emphasized for all grade groups in a given topic. There are no skill expectations for some standards at some grade levels.

Q: What are some examples of skill-building activities?

A: Examples of skill-building activities include:

- Teaching the skill.
- Rehearsing the skill.
- Obtaining feedback about skill performance.

Q: What HECAT chapters pertain to scoring sections of relevant health topics?

A: Individual scores are recorded in Chapters 4, 5, and 6. Scores are then transferred to the Overall Summary Forms found in Chapter 3.

Q: What is meant by the terms strength, weakness, omission, and extra?

A: A **strength** is an element of the curriculum that closely meets all of the HECAT criteria and is typically scored a “3” or “4” in the analysis review because it allows opportunities for practice and reinforcement. For example, the curriculum thoroughly and effectively teaches students the process of goal setting.

A **weakness** is an element of the curriculum that does not closely match the HECAT criteria and typically receives a score of “2” or less. For example, the teacher talks about the skill of goal setting, but students don’t have opportunities to practice the skill.

An **omission** is an element of the curriculum that is missing based on the HECAT criteria. For example, opportunities for students to practice encouraging their peers to postpone intercourse are not included.

An **extra** is an element of the curriculum that is additional to what is outlined in the HECAT criteria. For example, the curriculum includes detailed information on the different drugs an HIV-infected individual might be prescribed.

Q: What if the scores are consistently low for a curriculum?

A: If scores for a locally developed curriculum are consistently low (“0” or “1”), consider eliminating the current curriculum and developing a new one.

Q: What are some considerations when ranking curricula?

A: Some considerations to keep in mind when ranking curricula include:

- Each criteria and score stands on its own. Do not add the scores to calculate a total score or average.
- Review Chapter 4 scores to determine if accuracy, acceptability, feasibility, or affordability scores and comments should affect the ranking of a curriculum.
- Review the curriculum fundamentals (Chapter 5) and determine which curriculum scores are highest in most of these fundamentals, especially in the areas that your team believes are most important.

Q: What steps can be taken to facilitate an informed review by the general public?

A: To facilitate an informed public review, the coordinator should:

- Provide a written summary of each curriculum under consideration.
- Provide a summary of the review process.
- Provide a written summary of HECAT scores and the strengths and weaknesses of each curriculum.
- Provide a copy of each curriculum under consideration.
- Solicit public review and comments.

Q: I’m a higher-education instructor and teach in health and physical education professional teacher preparation programs. Where can I learn more about incorporating the HECAT into my instruction or sharing the HECAT with school districts in my area?

A: CDC developed a pre-service training guide, *Health Education Curriculum Analysis Tool: A Guide for Health Education Teacher Preparation Programs in Institutions of Higher Education*, to help future health education teachers understand how they can improve health instruction and curriculum selection using the HECAT. To learn more, visit https://www.cdc.gov/healthyyouth/hecat/hecat_ihe.htm.

Q: *How can I download all of the questions and links provided in this course?*

A: All Go Further information throughout this course can also be found in the “Full Course Content” document provided in the Resources section. A complete set of Go Further questions and a complete Resource List are located at the end of the document.

Q: *How can other courses in the “Training Tools for Healthy Schools e-Learning series” help me?*

A: Other courses in the series include:

- [*Comprehensive Physical Activity Programs: A Guide for Schools*](#) – provides a multicomponent approach by which school districts and schools can use all opportunities for students to be physically active, meet the nationally recommended 60 minutes of physical activity each day, and develop the knowledge, skills, and confidence to be physically active for a lifetime.
- [*Parents for Healthy Schools*](#) – provides guidance on how to use and share the resources developed for the *Parents for Healthy Schools* initiative and provides strategies for how parents can become involved in school health.
- [*School Health Guidelines to Promote Healthy Eating and Physical Activity*](#) – serves as a reference guide to identify evidence-based practices that can be implemented in schools. The course includes extensive information on practices to achieve the guidelines.
- [*School Health Index: A Self-Assessment and Planning Guide*](#) – provides an approach on how to assess your school’s current status on its health and safety policies and programs.

Complete Resource List

- American School Health Association <http://www.ashaweb.org/>
- CDC Characteristics of an Effective Health Education Curriculum <https://www.cdc.gov/healthyschools/sher/characteristics/index.htm>
- CDC Developing a Scope and Sequence for Sexual Health Education https://www.cdc.gov/healthyyouth/hecat/pdf/scope_and_sequence.pdf
- CDC Division of Adolescent and School Health <http://www.cdc.gov/healthyyouth/>
- CDC Health and Academics https://www.cdc.gov/healthyschools/health_and_academics/index.htm
- CDC Health Education Curriculum Analysis Tool (HECAT) Website <https://www.cdc.gov/healthyyouth/hecat/>
- CDC HECAT Appendix 3: HECAT Skill Expectations for Skill Standards 2-8 https://www.cdc.gov/healthyyouth/hecat/pdf/hecat_append_3.pdf
- CDC HECAT Appendix 4: Using the HECAT to Develop a Scope and Sequence for Health Education https://www.cdc.gov/healthyyouth/hecat/pdf/hecat_append_4.pdf
- CDC HECAT Brochure https://www.cdc.gov/healthyyouth/hecat/pdf/hecat_brochure.pdf
- CDC HECAT FAQs <https://www.cdc.gov/healthyyouth/hecat/faq.htm>
- CDC HECAT: A Guide for Health Education Teacher Preparation Programs in Institutions of Higher Education https://www.cdc.gov/healthyyouth/hecat/hecat_ihe.htm
- CDC National Health Education Standards <https://www.cdc.gov/healthyschools/sher/standards/index.htm>
- CDC Registries of Programs Effective in Reducing Youth Risk Behavior <http://www.cdc.gov/healthyyouth/adolescenthealth/registries.htm>
- CDC School Health Index <http://www.cdc.gov/HealthyYouth/SHI>
- CDC Sexual Health Education Scope and Sequence https://www.cdc.gov/healthyyouth/hecat/pdf/developing_scope_factsheet.pdf
- CDC Training Tools for Healthy Schools E-Learning Series: School Health Index Course https://www.cdc.gov/healthyschools/professional_development/e-learning/shi.html
- CDC Youth Risk Behavior Surveillance System <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
- Health Education Curriculum Analysis Tool (HECAT) Website <https://www.cdc.gov/healthyyouth/hecat/>
- HECAT Course Certificate of Completion [PDF - 269KB]
- HHS Administration for Children and Families, State Abstinence Education Grant Program <https://www.acf.hhs.gov/fysb/resource/aegp-fact-sheet>
- HHS Office of Adolescent Health – Teen Pregnancy Prevention Program <https://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/tp-program.html>
- National Adolescent and Young Adult Health Information Center <http://nahic.ucsf.edu/>
- Positive Youth Development <http://youth.gov/youth-topics/positive-youth-development>

Reducing Adolescent Sexual Risk: A Theoretical Guide for Developing and Adapting Curriculum-Based Programs http://pub.etr.org/upfiles/Reducing_Adolescent_Sexual_Risk.pdf

SHAPE America <http://www.shapeamerica.org/explorehealth.cfm>

Society for Public Health Education <http://www.sophe.org/>

Whole School, Whole Community, Whole Child (WSCC)

https://www.cdc.gov/healthyschools/wsc/wscmodel_update_508tagged.pdf